



WEST VALLEY SCHOOL DISTRICT NO. 208
STUDENT ENROLLMENT FORM (rev. 05/10)

Assigned School: _____
Enrollment Date: _____

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

Form

STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	HOMEROOM TEACHER	ADDRESS VERIFIED In _____ Out _____		
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PLEASE PRINT: Student legal names are based on social security cards rather than birth certificates; however, the legal names on those 2 documents are usually the same. The district will use the birth certificate for the legal name unless parent provides other legal documentation.

STUDENT NAME (as listed on birth certificate) Legal Last Name		Legal First Name	Legal Middle Name	Other Name:
BIRTHDATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHPLACE: City/State/Country/County		GRADE LEVEL

Ethnic Origin **Must be answered, required by Washington State.** **Is your child of Hispanic or Latino Origin?**

<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Mexican / Mexican American
<input type="checkbox"/> Cuban	<input type="checkbox"/> Central American
<input type="checkbox"/> Dominican	<input type="checkbox"/> South American
<input type="checkbox"/> Spaniard	<input type="checkbox"/> Latin American
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other Hispanic/Latino

What race(s) do you consider your child? (Check all that apply.)

<input type="checkbox"/> African American/Black	<input type="checkbox"/> White	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Quinault
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Fijian	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Samish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Colville	<input type="checkbox"/> Sauk-Suiattle
<input type="checkbox"/> Filipino	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Shoalwater
<input type="checkbox"/> Hmong	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Hoh	<input type="checkbox"/> Skokomish
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Spokane
<input type="checkbox"/> Korean	<input type="checkbox"/> Tongan	<input type="checkbox"/> Lower Ekwha	<input type="checkbox"/> Squaxin Island
<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Lummi	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> Malaysian		<input type="checkbox"/> Makah	<input type="checkbox"/> Suquamish
<input type="checkbox"/> Pakistani		<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Swinomish
<input type="checkbox"/> Singaporean		<input type="checkbox"/> Nisqually	<input type="checkbox"/> Tulalip
<input type="checkbox"/> Taiwanese		<input type="checkbox"/> Nooksack	<input type="checkbox"/> Yakama
<input type="checkbox"/> Thai		<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Other Washington Indian
<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Puyallup	<input type="checkbox"/> Other American Indian/Alaska Native
<input type="checkbox"/> Other Asian		<input type="checkbox"/> Quileute	

PRIMARY LANGUAGE SPOKEN BY STUDENT English Spanish Other: _____ Check only one language
 NATIVE LANGUAGE FOR STUDENT English Spanish Other: _____ Check only one language
 LANGUAGE STUDENT SPEAKS AT HOME English Spanish Other: _____ Check only one language

HAS STUDENT EVER ATTENDED WEST VALLEY PUBLIC SCHOOLS
 (INCLUDING PRE-SCHOOL)? Yes No

IF YES, NAME OF SCHOOL(S) ATTENDED:

DID THE STUDENT HAVE A DIFFERENT NAME WHEN PREVIOUSLY ENROLLED IN WVSD? Yes No

IF YES, PLEASE PROVIDE THE FULL NAME THE STUDENT WAS PREVIOUSLY REGISTERED UNDER:

IF ENTERING FROM OUT OF STATE, HAS STUDENT EVER ATTENDED A SCHOOL IN THE STATE OF WASHINGTON? Yes No

Name of School: _____ City: _____ Dates: _____

NAME OF SCHOOL ENTERING FROM (including pre-school)

_____ City _____ State _____

School Phone Number(include area code): _____ School District: _____

Does student have outstanding fines/fees at prior school? Yes No Amount _____

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? Yes No
 IF YES, DOES STUDENT HAVE A CURRENT IEP PLAN? Yes No
 HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN? Yes No
 HAS YOUR CHILD EVER PARTICIPATED IN: Title LAP Gifted ESL Speech Services Other _____
 HAS CHILD EVER BEEN RETAINED? Yes No If yes, what grade(s)? _____

DOES STUDENT LIVE IN THE WEST VALLEY SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, WHICH DISTRICT _____	HAS NON-RESIDENT REQUEST BEEN FILED WITH DISTRICT OFFICE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1ST HOUSEHOLD FAMILY INFORMATION: RESIDENTIAL (CUSTODIAL) PARENTS/GUARDIANS (ADULTS WITH WHOM THE STUDENT LIVES):

PRIMARY PARENT/GUARDIAN NAME 1: (Family Access Login will be based on this name.)			RELATIONSHIP TO STUDENT	
Last Name	Legal First Name	Middle Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother
ADDRESS (Where Student Lives)			<input type="checkbox"/> Father <input type="checkbox"/> Grandfather	
Street Address	City	State	Zip	<input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian
MAILING ADDRESS (If Different From Above)			<input type="checkbox"/> Stepfather <input type="checkbox"/> Agency	
HOME PHONE (Include Area Code)			<input type="checkbox"/> Other: _____	
Unlisted? <input type="checkbox"/> Yes			BIRTHDATE (mm/dd/yyyy)	
CELL PHONE (Include Area Code)			WORK PHONE (Include Area Code)	
EMAIL ADDRESS: (Family Access will use this email address.)				

SECOND PARENT/GUARDIAN NAME 2: (Second parent/guardian where student lives - 1 ST household)			RELATIONSHIP TO STUDENT	
Last Name	Legal First Name	Middle Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother
BIRTHDATE (mm/dd/yyyy)			<input type="checkbox"/> Father <input type="checkbox"/> Grandfather	
CELL PHONE (Include Area Code)			<input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	
WORK PHONE (Include Area Code)			<input type="checkbox"/> Stepfather <input type="checkbox"/> Agency	
EMAIL ADDRESS:			<input type="checkbox"/> Other: _____	

Is your living arrangement temporary/ transitional? Yes No Are you homeless? Yes No

2ND HOUSEHOLD - PARENT/GUARDIANS who have custodial rights, but student does not live full-time with them.
DO THESE PARENTS/GUARDIANS HAVE CUSTODIAL RIGHTS TO PICK STUDENT UP FROM SCHOOL? YES NO

NON-RESIDENTIAL PARENT/GUARDIAN NAME 1: (Family Access Login will be based on this name IF applicable.)			RELATIONSHIP GUARDIAN TO STUDENT:	
Legal Last Name	Legal First Name	Legal Middle Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother
MAILING ADDRESS:			<input type="checkbox"/> Father <input type="checkbox"/> Grandfather	
Email Address			<input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	
BIRTHDATE (mm/dd/yyyy)			<input type="checkbox"/> Stepfather <input type="checkbox"/> Agency	
HOME PHONE (Include Area Code)			<input type="checkbox"/> Other: _____	
Unlisted? <input type="checkbox"/> Yes			CELL PHONE (Include Area Code)	
WORK PHONE (Include Area Code)			WORK PHONE (Include Area Code)	

NON-RESIDENTIAL PARENT/GUARDIAN NAME 2:			
Legal Last Name	Legal First Name	Legal Middle Name	
BIRTHDATE (mm/dd/yyyy)		RELATIONSHIP GUARDIAN TO STUDENT:	
CELL PHONE (Include Area Code)		<input type="checkbox"/> Mother <input type="checkbox"/> Grandmother	
WORK PHONE (Include Area Code)		<input type="checkbox"/> Father <input type="checkbox"/> Grandfather	
		<input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	
		<input type="checkbox"/> Stepfather <input type="checkbox"/> Agency	
		<input type="checkbox"/> Other: _____	

List all brothers and sisters (All children with the above parents/guardians living in the home.)					
Last Name	First Name	Gender	Birth Date	Age	School Attending

ARE THERE CURRENT RESTRAINING COURT ORDERS IN EFFECT RELATING TO THIS STUDENT? Yes No

IF YES, LEGAL PAPERS MUST BE ON FILE FOR SCHOOL ENFORCEMENT. EFFECTIVE DATE: _____

IF YES, WHOM IS THE RESTRAINING ORDER AGAINST? 1ST _____ 2ND _____

RELATIONSHIP(S) TO STUDENT 1ST _____ 2ND _____

EMERGENCY INFORMATION: When injury, illness, or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child. (Local area only, please.)

HOSPITAL PREFERENCE Yakima Memorial Yakima Regional Either

PRIMARY EMERGENCY CONTACT NAME: (Other than Parent/Guardian)			BIRTHDATE (mm/dd/yyyy)	RELATIONSHIP TO STUDENT:
Last Name	Legal First Name	Middle Name		<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather
HOME PHONE (Include Area Code)	CELL PHONE (Include Area Code)	WORK PHONE (Include Area Code)		<input type="checkbox"/> Aunt <input type="checkbox"/> Uncle
				<input type="checkbox"/> Other: _____
SECOND EMERGENCY CONTACT NAME: (Other than Parent/Guardian)			BIRTHDATE (mm/dd/yyyy)	RELATIONSHIP TO STUDENT:
Last Name	Legal First Name	Middle Name		<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather
HOME PHONE (Include Area Code)	CELL PHONE (Include Area Code)	WORK PHONE (Include Area Code)		<input type="checkbox"/> Aunt <input type="checkbox"/> Uncle
				<input type="checkbox"/> Other: _____
THIRD EMERGENCY CONTACT NAME: (Other than Parent/Guardian)			BIRTHDATE (mm/dd/yyyy)	RELATIONSHIP TO STUDENT:
Last Name	Legal First Name	Middle Name		<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather
HOME PHONE (Include Area Code)	CELL PHONE (Include Area Code)	WORK PHONE (Include Area Code)		<input type="checkbox"/> Aunt <input type="checkbox"/> Uncle
				<input type="checkbox"/> Other: _____

CHILD CARE/DAY CARE, If Applicable. Child care arrangements beyond those below should be presented to the school in writing.

BUSINESS NAME:	PROVIDER NAME:	PHONE NUMBER: (include area code)

IS YOUR CHILD CARE PROVIDER AUTHORIZED TO REMOVE YOUR CHILD FROM SCHOOL? Yes No

If student is in 10th, 11th, or 12th grade and entering from a Washington State School:
 Has student taken the 10th grade WASL/HSPE? Yes No

Where did student take it? School: _____ District: _____

Please provide the registrar with a copy of student's WASL/HSPE Scores Report.

If student is in 10th, 11th, or 12th grade and entering from another state:

Does state have a state-level test for assessment? Yes No

Has student taken it? Yes No

Please provide the registrar with a copy of student's scores.

Counselors will work with the student to determine testing requirements for graduating from a Washington State School.

DISCIPLINE HISTORY: The RCW Section 28A.225 established the authority for each school district to include the following questions for students enrolling. West Valley School District has established student/ staff safety and quality student performances as priorities. Please answer the following questions so that we can provide the best possible educational experiences for all of our students.

If student has no disciplinary action to report, please check the correct box and skip this section.

Does student have any disciplinary actions to report? Yes No

Is student currently expelled from any school? Yes No

Is student currently on probation? Yes No

CHECK ANY SCHOOL INFRACTIONS WHICH RESULTED IN STUDENT RECEIVING DISCIPLINARY ACTION	CONSEQUENCES WERE HANDLED BY THE SCHOOL ONLY		CONSEQUENCES RESULTED IN LEGAL ACTION		IF YOU ANSWERED YES TO ANY INFRACTION, GIVE A BRIEF DESCRIPTION.
	YES	NO	YES	NO	
Truancy/Excessive Absences					
Theft or Destruction of Property					
Fighting/Intimidation/Assault					
Use or possession of drugs or alcohol					
Weapons (use or possession)					
Gang affiliation/activity					
Other (please list)					

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact parent/guardian, I authorize that my child may be released to the person(s) listed as emergency contacts listed on page 3.

RECORDS RELEASE: I hereby authorize the release of all educational records for the above named students to WVSD #208.

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the West Valley School District #208.

Legal Parent/Guardian Signature: _____ Date _____

FAMILY ACCESS: I understand that the district will use both email and regular mail for communication. The District will provide username and temporary password via email. For Family Access to student records. Parents/Guardians are expected to monitor student progress via Family Access.

Please initial: _____